

REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) <div style="text-align: right;">T721-14</div>								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of John P. Blasko, et al</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 09/742,527</td> <td style="padding: 2px;">Filed 21 DECEMBER 2000</td> </tr> <tr> <td colspan="2" style="padding: 2px;">System and method for automatically managing avail For inventory data and avail pricing</td> </tr> <tr> <td style="padding: 2px;">Art Unit 3622</td> <td style="padding: 2px;">Examiner RETTA, Yehdega</td> </tr> </table>		In re Application of John P. Blasko, et al		Application Number 09/742,527	Filed 21 DECEMBER 2000	System and method for automatically managing avail For inventory data and avail pricing		Art Unit 3622	Examiner RETTA, Yehdega
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The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,030.00										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____										
<input type="checkbox"/> A check in the amount of the fee is enclosed.										
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.										
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.										
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>501535</u> . I have enclosed a duplicate copy of this sheet.										
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
I am the										
<input type="checkbox"/> applicant/inventor.										
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>57420</u>										
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		<div style="text-align: center;"> _____ Signature ANDREW W. SPICER Typed or printed name <div style="text-align: center;"> <u>5/9/08</u> Date </div> <div style="text-align: center;"> <u>267-880-1720</u> Telephone number </div> </div>								
<input type="checkbox"/> *Total of _____ forms are submitted.										

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